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ABSTRACT

Research shows that young people are under-informed about the risk of contracting AIDS. This document originated with a legislative directive that AIDS/HIV education guidelines be developed for families caring for foster children under the age of 16. Summarized are the efforts of a work group, comprised of state and local employees, foster parent trainers and foster parents representing the Virginia Foster Care Association as they compiled information and discussed its dissemination. The report includes an HIV/AIDS Education Information packet which employees also developed. The document consists of four major sections: an introduction, which includes the study's purpose, background, objectives, and methodology; a segment on departmental recommendations for distribution of the HIV/AIDS information to the targeted groups; a chapter with options for implementation by local social services departments; and a final chapter which presents costs associated with program implementation and which includes budget estimates. An appendix holds the HIV/AIDS Education Information packet which was designed to give foster parents discretion and flexibility in determining when to share information with youth based on a child's age and current knowledge. Also included are copies of the state resolution which engendered this study, the survey instrument, and a local agency plan and reply form for HIV/AIDS education. (RJM)

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ED 377 426

REPORT OF THE DEPARTMENT OF SOCIAL SERVICES ON

AIDS/HIV EDUCATION INFORMATION FOR FOSTER CARE YOUTH AND GUIDELINES FOR IMPLEMENTATION BY LOCAL SOCIAL SERVICES DEPARTMENTS

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COMMISSIONER

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

December 17, 1993

TO: The Honorable Lawrence Douglas Wilder
Governor of Virginia

and

The General Assembly of Virginia

The 1993 General Assembly, through House Joint Resolution 680, directs the Department of Social Services "to develop AIDS/HIV education guidelines for use by local social services departments for foster families with children under the age of 16 in their care" and to determine whether "local social services departments should be required to implement the guidelines." HJR 680 also directs the department to recommend the means of establishing this mandate "if mandatory implementation by local social services departments is determined to be appropriate." In addition, the legislation directs the department to "provide budget estimates for any additional services or programs which may be required."

Enclosed for your review and consideration is the report with an appendix that includes an HIV/AIDS Education Information packet and Local Agency Guidelines that were prepared in response to this request. The materials were developed with assistance from staff from the Virginia Departments of Health, Education, local departments of social services foster care staff, foster parent trainers and foster parents representing the Virginia Foster Care Association.

Cordially,

Larry D. Jackson
Commissioner

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PEOPLE HELPING PEOPLE

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EXECUTIVE SUMMARY

"AIDS Awareness and Prevention is Essential to the Health and Safety of Every Child in this Commonwealth."

The 1993 General Assembly requests through House Joint Resolution 680 that the Department of Social Services "develop AIDS/HIV education guidelines for use by local social services departments for foster families with children under the age of 16 in their care." It also directs the department to determine whether, upon development of these guidelines and, if necessary, approval by the Board of Social Services, local social services departments should be required to implement the guidelines. In addition, HJR 680 further directs the department to recommend the means of establishing this mandate if mandatory implementation is determined to be appropriate.

In response to the legislative directive, a work group was formed that consisted of representatives from the state departments of Social Services, Health and Education, local departments of social services foster care staff, foster parent trainers and foster parents representing the Virginia Foster Care Association. This report summarizes the processes the work group used to develop an information packet and arrive at recommendations for distribution. Included with this report is the HIV/AIDS Education Information packet that was developed.

Currently, for AIDS "there is no cure, there is no vaccine, there is only education."
(AIDS Quarterly, PBS, February 1, 1990)

HIV, *human immunodeficiency virus,* is the virus which breaks down the body's immune system and causes AIDS, *acquired immunodeficiency syndrome*. HIV can be found in the blood, semen, vaginal secretions or breast milk of an infected person. The immune system fights off infections and certain other diseases. When the immune system fails, common illnesses such as colds may become life-threatening.

Currently, for AIDS "there is no cure, there is no vaccine, there is only education" (AIDS Quarterly, PBS, February 1, 1990).

According to the Virginia Department of Health, from May 1982 through August 11, 1993, **4,665 cases of AIDS** have been reported in Virginia, of which 1,170

were reported this year. The number of cases projected for all of 1993 is 1,800. The total reported in 1992 was 748. The appreciable increase noted this year is because the Centers for Disease Control and Prevention (CDC) expanded the case definition for AIDS effective January 1993.

Among the 5,131 cases of HIV infection reported from July 1989 through August 11, 1993, 2,060 (40 percent) belong to the 30-39 year age group; the number in the 20-29 year age group is a close second at 1,892 or 37 percent.

As of Spring 1993, more than 850 people aged 20-29 have been diagnosed with AIDS in Virginia. Because a person can be infected with HIV for 10 or more years before symptoms appear, a significant number of these young people would have been infected as teenagers. Experts agree that teens are at higher than average risk of contracting HIV because of their unpredictable and often risky behavior.

"Teenagers remain unconvinced they can get AIDS by having sex and injecting drugs...We must convince them otherwise." Dr. Grayson Miller, Virginia Department of Health.

Well documented research shows that young people are under-informed about the risk of contracting AIDS. In an appearance (August 1993) before the General Assembly Subcommittee studying AIDS, Dr. Grayson B. Miller, Director, Office of Epidemiology, Virginia Health Department and others said many teenagers remain unconvinced they can get AIDS by having sex and injecting drugs...Young people often consider themselves immortal. Dr. Grayson said, "We must convince them otherwise." (DAILY PRESS, August 27, 1993). The only effective weapon in the fight against the spread of HIV infection is prevention.

AIDS education is a subject that is covered in the Family Life and Health Education curriculum in most Virginia schools. Recognizing, however, that some youth in Foster Care tend to change locations frequently and may not receive the information when it is presented in school, the General Assembly Subcommittee studying AIDS determined that a plan needs to be developed to assure AIDS education for youth in foster care.

The Department of Social Services through the Independent Living Program under Foster Care services provides AIDS education and prevention information to youth aged 16 to 21. However, the General Assembly Subcommittee studying AIDS said that "AIDS awareness and prevention is essential to the health and safety of every child in this Commonwealth." Consequently, the committee directs the department to provide AIDS education information to every youth in foster care, not just those aged 16-21 years old.

The work group developed an HIV/AIDS Education Information packet for foster families and the youth in their care by using materials recommended and made available by staff from state agencies for health and education. To determine the method most feasible for assuring that the information was given to foster families, a survey of local agency workers and administrative staff, foster care trainers and foster parents was conducted.

The information packet is designed to give foster parents sufficient basic information to prepare them to begin a discussion with youth about HIV/AIDS and its prevention.

The packet is designed to give foster parents sufficient basic information to prepare them to begin a discussion with youth about HIV/AIDS and its prevention. The packet design allows foster parents discretion and flexibility in determining when to share information with youth based on a youth's age and current knowledge. Following are the materials directed to foster parents, with optional use for youth in their care, as well as to the birth children of the foster parents:

1. Letter to Foster Parents (explains the need to provide the HIV/AIDS information to youth);

2. Talking with Young People About HIV (a guide for starting a conversation);

3. Common Questions, Accurate Answers (factual questions and answers about HIV/AIDS);

4. Proper Way to Use a Condom; and

5. Sexual Abuse Information...Every Child's Basic Safety Knowledge.

The education information packet is completed with the enclosure of three brochures containing age-appropriate information directed specifically to youth in the following age groups:

6. AIDS Prevention Information for Children Aged 4-8;

7. AIDS Prevention Information for Youth Aged 9-12; and

8. AIDS Prevention Information for Youth Aged 13-19.

The brochures are easy to read and do not necessarily require assistance from an adult to read or understand.

Each local agency will be asked to voluntarily develop a plan for disseminating the HIV/AIDS Education Information packet to families who provide foster care for youth in the custody of the agency. The agency's plan is to include a statement that encourages foster parents to utilize the information packet and other information available about HIV/AIDS to talk to the youth in their care about HIV/AIDS and its prevention. The agency is to identify how it will disseminate the education information packet and identify training that may be provided on HIV/AIDS by selecting one of the four options that follow or a combination of the four options:

OPTION 1. At a **minimum**, the local agency plan may consist of distributing the information packet to all foster parents providing care for youth in the custody of the agency. The packet encourages foster parents to talk to youth in their care.

This plan should include a tracking system that will enable the agency to document that the information was shared with foster youth. The plan should also state how the agency will disseminate the HIV/AIDS information.

OPTION 2. Add to Option 1 **Optional Training.** Offer training to foster parents about how to talk with youth about HIV/AIDS and its prevention. Training may be part of the agency's pre-service (training that occurs before a child/youth is placed in the foster family home) or the in-service training (training that occurs after the child/youth is placed).

Agencies that do not have established pre-service or in-service training for foster parents may choose to develop a training program for HIV/AIDS prevention.

OPTION 3. Add to Option 1 **Mandatory Training.** The agency can choose to mandate HIV/AIDS education training for all families providing foster care for youth in the custody of or placed by the agency or Family Assessment and Planning Teams (**Comprehensive Services Act for At Risk Youth and Families**).

OPTION 4. **Other.** The local agency may determine another plan not described by the department.

Since other education issues and prevention information for foster parents are not mandated it would appear that mandating this one issue, HIV/AIDS education, would be an unnecessary regulation.

A voluntary plan would lessen the concern of local agencies of additional work without additional funds.

Developing guidelines for local agencies to use and then encouraging local agencies to develop a voluntary plan for implementation of the HIV/AIDS education information keeps with the focus of the Comprehensive Services Act for At Risk Youth and Families (CSA). Under the Comprehensive Services Act localities are allowed choice in implementation of services to youth and families within a broad framework for the provision of services. Since the HIV/AIDS education information is packaged and ready for distribution minimum preparation and planning is demanded of the local agency. In addition, a voluntary plan would lessen the concern of local agencies of additional work without additional funds.

RECOMMENDATION 1. The department should print copies of the HIV/AIDS Education Information packet and make them available for local agencies to distribute to foster parents.

RECOMMENDATION 2. Local agencies should be strongly encouraged to develop a plan to disseminate the HIV/AIDS Education Information packet to foster families with children and youth in their care and to offer training for foster parents about HIV/AIDS through local agency pre-service and in-service training programs or other training set-up by the agency to meet this need.

RECOMMENDATION 3. The department should provide HIV/AIDS education training for foster parents and agency workers in the five department regions to support local training programs expanded or set-up to meet this need.

RECOMMENDATION 4. To fund recommendation #3, the department should allocate $30,000 using Title IV-E funds ($22,500 federal dollars and request $7,500 for the state match).

ACKNOWLEDGMENTS

This report was prepared by the Division of Service Programs, Foster Care and Adoption Unit, with the assistance of a work group. The work group included individuals representing the Virginia Departments of Education and Health, local departments of social services foster care staff, foster parent trainers and foster parents representing the Virginia Foster Care Association.

The Foster Care and Adoption Unit staff acknowledge and appreciate the time given by each of these representatives to help the department complete this project.

A special thanks to *Eric D. Collins*, Sophomore, Communications Arts, Virginia Commonwealth University, for the illustrations in the AIDS Prevention Information brochure for children aged 4-8.

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I. INTRODUCTION

PURPOSE

The 1993 General Assembly requests through House Joint Resolution 680 (APPENDIX A) that the Department of Social Services "develop AIDS/HIV education guidelines for use by local social services departments for foster families with children under the age of 16 in their care." It also directs the department to determine whether, upon development of these guidelines and, if necessary, approval by the Board of Social Services, local social services departments should be required to implement the guidelines. In addition, HJR 680 directs the department to recommend the means of establishing this mandate if mandatory implementation is determined to be appropriate.

In response to the legislative directive, this report presents an HIV/AIDS Education Information packet (APPENDIX B) developed for foster families with children in their care and implementation guidelines for local departments of social services. It summarizes the processes used to develop an information packet and recommendations for distribution to the targeted groups.

BACKGROUND

HIV/AIDS, What It Is and How It Is Caused

HIV, *human immunodeficiency virus,* is the virus which breaks down the body's immune system and causes AIDS, *acquired immunodeficiency syndrome*. HIV can be found in the blood, semen, vaginal secretions or breast milk of an infected person. The immune system fights off infections and certain other diseases. When the immune system fails, common illnesses such as colds become life-threatening.

Currently, for AIDS "there is no cure, there is no vaccine, there is only education" (AIDS Quarterly, PBS, February 1, 1990).

Virginia Statistics

According to the Virginia Department of Health, from May 1982 through August 11, 1993, **4,665 cases of AIDS** have been reported in Virginia, of which 1,170 were reported this year. The number of cases projected for all of 1993 is 1,800. The total reported in 1992 was 748. The appreciable increase noted this year is because the Centers for Disease Control and Prevention (CDC) expanded the case definition for AIDS effective January 1993.

Sexual activity is still the most common mode of transmission of HIV, accounting for nearly 74 percent of the cases. The percentage of persons with injecting drug use (IDU) as the sole risk factor is 15 percent; an additional 5 percent have dual risk factors of IDU and sexual activity.

Among the 5,131 cases of HIV infection reported from July 1989 through August 11, 1993, 2,060 (40 percent) belong to the 30-39 year age group; **the number in the 20-29 year age group is a close second at 1,892 or 37 percent.**

Young People Get AIDS

As of Spring 1993, more than 850 people aged 20-29 have been diagnosed with AIDS in Virginia. Because a person can be infected with HIV for 10 or more years before symptoms appear, a significant number of these young people would have been infected as teenagers. Experts agree that teens are at higher than average risk of contracting HIV because of their unpredictable and often risky behavior.

Well documented research shows that young people are under-informed about the risk of contracting AIDS. In an appearance (August 1993) before the General Assembly Subcommittee studying AIDS, Dr. Grayson B. Miller, Director, Office of Epidemiology, Virginia Health Department and others said many teenagers remain unconvinced they can get AIDS by having sex and injecting drugs... Young people often consider themselves immortal. Dr. Grayson said, "We must convince them otherwise." (DAILY PRESS, August 27, 1993). The only effective weapon in the fight against the spread of HIV infection is prevention.

The Need to Target Youth in Foster Care for AIDS Education

AIDS education is a subject that is covered in the Family Life and Health Education curriculum in most Virginia schools. Recognizing, however, that some youth in Foster Care tend to change locations frequently and may not receive the information when it is presented in school, the General Assembly Subcommittee studying AIDS determined that a plan needs to be developed to assure AIDS

education for youth in foster care.

The Department of Social Services through the Independent Living Program under Foster Care services provides AIDS education and prevention information to youth aged 16 to 21. Older youth in foster care are less likely to have the goal of "return home." Thus, the foster care system serves as their parents. They will be emancipated from this system when they reach the statutory age limit or complete program requirements. (A youth cannot remain in care beyond age 21.) For this reason, local agency workers have provided this group with information and skill building in a variety of areas, including HIV/AIDS prevention.

However, the General Assembly Subcommittee studying AIDS said that "AIDS awareness and prevention is essential to the health and safety of every child in this Commonwealth." Consequently, the committee directs the department to provide AIDS education information to every youth in foster care, not just those aged 16-21 years old.

STUDY OBJECTIVES

The study focused on these three objectives:

- To develop an information packet (containing age-appropriate information for youth) that foster families could use to talk to youth in their care about HIV/AIDS and its prevention.
- To develop guidelines for local agencies on dissemination of HIV/AIDS education information to foster parents for the youth in their care.
- To determine the most reasonable method for assuring that HIV/AIDS education information is given to foster families for youth in their care.

METHODOLOGY

A work group was formed to develop the HIV/AIDS Education Information packet, local agency guidelines, and to determine a method to assure that the education materials were disseminated. The group, led by the Department of Social Services, consisted of representatives from the Virginia Departments of Health and Education, local departments of social services foster care staff, foster parent trainers and foster parents representing the Virginia Foster Care Association.

The work group developed a HIV/AIDS Education Information packet for youth by using materials recommended and made available by staff from state agencies for health and education.

To determine the method most feasible for assuring that the information was given to foster families, a survey of local agency workers and administrative staff, foster parent trainers and foster parents was conducted. (See Appendix C.)

ORGANIZATION OF THE REPORT

Chapter One describes the content of the information packet and summarizes how it was developed. The packet is Appendix B of the report. Chapter Two discusses the department's recommendations, for distribution of the HIV/AIDS information to the targeted groups.

II. HIV/AIDS EDUCATION INFORMATION PACKET FOR YOUTH IN FOSTER CARE

OVERVIEW OF CONTENT

The HIV/AIDS Education Information packet (found in Appendix B) is designed to give foster parents sufficient basic information to prepare them to begin a discussion with youth about HIV/AIDS and its prevention. The packet design allows foster parents discretion and flexibility in determining when to share information with youth based on a youth's age and current knowledge. Following are the materials directed to foster parents, with optional use for youth in their care, as well as to the birth children of the foster parents:

1. Letter to Foster Parents (explains the need to provide the HIV/AIDS information to youth);

2. Talking with Young People About HIV (a guide for starting a conversation);

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4. Proper Way to Use a Condom; and

5. Sexual Abuse Information...Every Child's Basic Safety Knowledge.

The information packet is completed with the enclosure of three brochures containing age-appropriate information directed specifically to youth in the following age groups:

6. AIDS Prevention Information for Children Aged 4-8;

7. AIDS Prevention Information for Youth Aged 9-12; and

8. AIDS Prevention Information for Youth Aged 13-19.

The brochures are easy to read and do not necessarily require assistance from an adult to read or understand.

HOW THE MATERIALS WERE DEVELOPED

A vast amount of educational and prevention information exists and is readily available on HIV/AIDS. On the recommendation of staff from the Virginia Departments of Health and Education, materials in the information packet were adapted using these three primary resources:

AIDS PREVENTION GUIDE, from the Centers for Disease Control and Prevention, Atlanta, GA.

How To Talk to Your Teens and Children About AIDS, produced by the National PTA with technical assistance from the Centers for Disease Control and Prevention, National PTA, Chicago, IL. This brochure was reviewed and approved by a national panel for use in community and school settings.

HIV, AIDS & African Americans, developed by the Virginia Department of Health.

Permission was obtained from these groups to adapt their materials for the department's use.

REACTION TO INFORMATION PACKET BY SURVEY RESPONDENTS

A draft copy of the HIV/AIDS Education Information packet was enclosed with a survey and mailed to local agency foster care workers and supervisors, foster parent trainers and foster parents for response. All of those responding to the survey felt the guidelines to local agencies should be included with the distribution of the printed HIV/AIDS prevention packet.

When asked to identify other general topic areas that should be included in a printed information packet about HIV/AIDS, respondents in all categories thought there should be topics for foster parents on providing care and accessing services for youth infected and affected by HIV/AIDS. Affected youth are described as those who have HIV/AIDS infected parents or other family members. Other topics included how to discuss sex-related issues, other than prevention of HIV/AIDS, and working with the sexually abused foster child.

While the work group acknowledged the concern of care givers for more information about how to provide care and access services for those infected and affected by the AIDS disease, the members felt that extending the information packet to include these issues would make the packet too large and thus

ineffective. Also, it would broaden the intent of the legislative directive. Instead, in the information packet letter to the foster parents it was stressed that the purpose of the packet is to provide HIV/AIDS prevention information to youth. Parents are advised to call their local agency worker if they have a need for more information about providing care for a youth infected or affected by HIV/AIDS.

Since the topic of sexual abuse may come up when the foster parents discuss HIV/AIDS prevention with youth in their care, an information sheet on "Sexual Abuse Information...Every Child's Basic Safety Knowledge" is included in the information packet for the foster parents' use.

III. OPTIONS FOR IMPLEMENTATION BY LOCAL SOCIAL SERVICES DEPARTMENTS (LOCAL AGENCIES)

OVERVIEW ØF GUIDELINES TO LOCAL AGENCIES FOR IMPLEMENTATION

Each local agency will be asked to voluntarily develop a plan for disseminating the HIV/AIDS Education Information packet to families who provide foster care for youth in the custody of the agency. The agency's plan is to include a statement that encourages foster parents to utilize the information packet and other information available about HIV/AIDS to talk to the youth in their care about HIV/AIDS and its prevention. The agency is to identify how it will disseminate the education information packet and identify training that may be provided on HIV/AIDS by selecting one of the four options that follow or a combination of the four options:

OPTION 1. At a **minimum**, the local agency plan may consist of distributing the information packet to all foster parents providing care for youth in the custody of the agency. The packet encourages foster parents to talk to youth in their care.

This plan should include a tracking system that will enable the agency to document that the information was shared with foster youth. The plan should also state how the agency will disseminate the HIV/AIDS information.

OPTION 2. Add to Option 1 **Optional Training.** Offer training to foster parents about how to talk with youth about HIV/AIDS and its prevention. Training may be part of the agency's pre-service (training that occurs before a child/youth is placed in the foster family home) or the in-service training (training that occurs after the child/youth is placed).

Agencies that do not have established pre-service or in-service training for foster parents may choose to develop a training program for HIV/AIDS education and its prevention following these suggestions:

A. Work together with several agencies to provide training.

B. Use community resource people to lead the training or to assist the agency in preparing the training. This may

include physicians, staff from local health departments, state health department personnel, Foster and Adoptive Care Training System (FACTS) regional training coordinators and foster/adoptive parents who have experience working with children with HIV/AIDS.

C. Provide training in groups that consist of

---Foster/Adoptive parents,
---Social workers,
---Children/Youth in foster care,
---Birth parents of youth in foster care, or
---Any combination of the above.

D. Use a one-on-one training method that involves the foster parent, the social worker and a designated resource person.

E. Identify related areas that need attention to support proper HIV/AIDS education for youth in foster care such as:

---Human sexuality,

---Developmental milestones that affect the child's or youth's ability to relate to HIV/AIDS education provided,

---Sexual and/or physical abuse,

---Assertive skills to withstand peer pressure,

---Decision making and problem solving skills.

OPTION 3. Add to Option 1 **Mandatory Training**. The agency can choose to mandate HIV/AIDS education training for all families providing foster care for youth in the custody of or placed by the agency or Family Assessment and Planning Teams (**Comprehensive Services Act for At Risk Youth and Families**).

OPTION 4. **Other**. The local agency may determine another plan not described by the department. (If this option is chosen, the agency is asked to explain the reason(s) for its choice. This may help department staff improve the overall design for implementation.)

REASONS TO SUPPORT A VOLUNTARY IMPLEMENTATION PLAN FOR INFORMATION DISTRIBUTION AND TRAINING OVER A MANDATORY IMPLEMENTATION PLAN

Foster Parent Training-Current Methods and Policy

Training is recognized and encouraged as the preferred method to help foster parents learn skills and acquire knowledge that will better prepare them for the task of providing substitute care. Foster parent training is generally divided into two types: pre-service and in-service. Pre-service training occurs before the placement of a child/youth in the foster family home, while in-service training occurs after the placement of a child/youth.

In Virginia, foster parent training is optional; rather than mandated. The department's policy related to foster home approval state: "The provider shall attend any orientation and training by the agency." Policy further states that the agency should provide some basic orientation to any approved provider, and may provide any training it feels necessary. Thus, the choice of requiring training for foster parents is a decision of local agencies. Local agencies manage training in different ways. Most have some form of pre-service training and a few have in-service training.

To support training provided by local agencies, the department provides and funds a number of foster parent training opportunities. However, it is often times problematic trying to work into the schedule of foster parents. Statewide training is beneficial but not the most effective for foster parents due to the required travel, the need to make arrangements for the care of children and the disruption of employment outside of the home.

Funding

The 1991 General Assembly study prepared by the department, entitled, **Training, Supportive Services and Recruitment for Foster Families** recommended that local social service agencies "be mandated to assure the provision of foster parent training, based on the potential foster parent's training needs, and foster parents should be mandated to attend." The feasibility study recommended a phased-in program. The cost for the phased-in approach relative to training for foster parents was projected to be $1,953,496 for each of the fiscal years 1993 and 1994 ($1,465,122 federal funds and $488,374 state funds). The training cost in each of the fiscal years 1995 and 1996 would be $2,031,636 ($1,523,727 federal funds, $507,909 state funds).

Actual funds appropriated by the General Assembly for supportive services, respite care and foster parent training (under the phased-in option), for Fiscal Year 1993 was $84,000 and for Fiscal Year 1994 $216,000 under the Social Services Block Grant (SSBG). Because of funding limitations, mandated foster parent training has not been implemented. The portion of these appropriated funds (SSBG) allocated for foster parent training were used to support these activities:

- Two state foster parent conferences sponsored by the Virginia Foster Care Association ($32,000, Fiscal Year 1992 & $40,000 Fiscal Year 1993) and

- Foster parents' attendance at national and local foster parent training conferences and local workshops and seminars.

Other funding for foster parent training was $240,080 in Fiscal Year 1993 (50/50 match of federal and state dollars) and for Fiscal Year 1994, $480,160. The state's share of this amount is $93,040, federal share $279,120 and SSBG funds $108,000. (During Fiscal Year 1993, the match formula changed from 50/50 to 75/25. The formula adjustment created a slight increase available funds in Fiscal Year 1994.) These funds are used by the department for the Foster/Adoptive Care Training System (FACTS).

FACTS, a component of the training unit within the department's Division of Service Programs, is a consultative approach to help local agencies develop foster parent training. This training component is administered by a part-time training coordinator in the department's central office. Foster parents are encouraged to become involved in the FACTS training as co-trainers with agency staff. Through this program, five regional training coordinators assist local agencies and foster parents to develop individual training programs. Local participation is voluntary. Services provided are:

- Assessment of training program needs;
- Training of trainers;
- Training design, development and review;
- Resource location and development; and
- Some direct in-service training of foster parents.

Local Agency and Foster Parent Responses to Proposed Options

In the survey of local agency workers, supervisors and foster parents, 92% of those responding felt that distribution of the information packet should be mandatory. A high percentage (80%) of those also felt that training related to the materials should be mandatory. However, most respondents thought that training should be done by "experts," professional HIV/AIDS educators, rather than local

agency workers. Most local agency workers indicated a lack of both knowledge of the subject and time to provide training. Therefore, local agency workers are not the best resource.

Survey respondents suggested that HIV/AIDS education training should be part of in-service training for foster parents and one-on-one as necessary. They also shared that training should be delivered locally for convenience of participants and should be brief to maintain their interest. Survey respondents said also that training should be coordinated with public schools, continuing in the intent of the Comprehensive Services Act.

Clearly, survey respondents had a positive reaction to the information packet and the concept of mandatory distribution and training. However, HIV/AIDS is just one of the issues that foster parents must be educated about to provide substitute care. Since inadequate funding exists to implement mandated foster parent training as recommended in the 1991 feasibility study, **Training, Support Services and Recruitment for Foster Parents,** HIV/AIDS education training should not be mandated as part of the guidelines for local social services departments.

Survey respondents clearly support the need for more information about the AIDS disease and how to work with youth and families around this issue. Further, respondents approved of the HIV/AIDS Education Information packet that was developed for foster parents to share with youth in their care.

The overwhelming, positive response of the survey respondents to the HIV/AIDS information packet is probably due in large part to the fact that currently, the AIDS disease is of topical concern for many persons. Given their interest in the topic, the work group felt foster care workers and parents would seek further information and training on this topic even without a mandate.

Since other education issues and prevention information for foster parents are not mandated it would appear that mandating this one issue, HIV/AIDS education, would be an unnecessary regulation.

Developing implementation guidelines for local agencies to use and then encouraging local agencies to develop a voluntary plan for implementation of the HIV/AIDS education information keeps with the focus of the Comprehensive Services Act for At Risk Youth and Families (CSA). Under the Comprehensive Services Act localities are allowed choice in implementation of services to youth and families within a broad framework for the provision of services. Since the information is packaged and ready for distribution, minimum preparation and planning is demanded of the local agency. In addition, a voluntary plan would lessen the concern of local agencies of additional work without additional funds.

RECOMMENDATIONS

RECOMMENDATION 1. The department should print copies of the HIV/AIDS Education Information packet and make them available for local agencies to distribute to foster parents.

RECOMMENDATION 2. Local agencies should be strongly encouraged to develop a plan to disseminate the HIV/AIDS Education Information packet to foster families with children and youth in their care and to offer training for foster parents about HIV/AIDS through local agency pre-service and in-service training programs or other training set-up by the agency to meet this need.

RECOMMENDATION 3. The department should provide HIV/AIDS education training for foster parents and agency workers in the five department regions to support local training programs expanded or set-up to meet this need.

RECOMMENDATION 4. To fund recommendation #3, the department should allocate $30,000 using Title IV-E funds ($22,500 federal dollars and request $7500 for the state match).

IV. IMPLEMENTATION AND BUDGET ESTIMATES

IMPLEMENTATION

Local Agencies' Responsibility

After the HIV/AIDS Education Information packets are distributed to local agencies, the local agencies will be asked to return to the department, no later than 60 days after receipt of the packets, the plan it has chosen to implement the HIV/AIDS education guidelines (see reply form Appendix D).

State Responsibility

The department will monitor local agencies' responses to implementation of the guidelines using these methods:

- o On-going reporting on the "Impact of AIDS on the Delivery of Social Services in the Commonwealth,"
- o Existing monitoring efforts of regional foster care staff,
- o Follow-up with local agency foster care supervisors to record progress the agency has made disseminating the education packets to foster parents, training being offered, response of foster parents and youth to the information and ways the department can improve or enhance the delivery of HIV/AIDS education to foster parents and youth.

BUDGET ESTIMATES

HIV/AIDS EDUCATION INFORMATION PACKET

Under Recommendation 1, the cost to design and print 15,000 copies of the HIV/AIDS Education Information packet will be $15,369. The department will cover this expense in its existing operating budget.

There is no storage fee for the information packet/brochures that are not immediately distributed. For materials that are stored, there will be a 27% handling fee (based on the value of the brochures) and shipping charge applied when the materials are taken from storage. This cost is paid by the agency or individual who orders the information packet/brochures.

How cost was calculated

Five years is the anticipated 'shelf-life' of the education packet. Based on department statistics, there were 6,229 children in foster care in Virginia on September 1993. Approximately 2,000 children/youth enter the system annually.

Rounding the number of current youth in foster care to 6,000 then adding to that number 2,000 for each of the next four years, the number of copies needed for the target population will be 12,000.

An additional 3,000 copies will be added for a total of 15,000 copies to include requests that may come from other groups. For example, the department's Day Care Unit, also in Service Programs, has expressed an interest in making copies of the brochure designed for children aged 4-8 available to state regulated day care providers.

HIV/AIDS EDUCATION TRAINING IN THE FIVE DEPARTMENT REGIONS

Under recommendation #3, the cost to provide HIV/AIDS education training to foster parents and agencies workers in the five department regions is projected to be $30,000.

Participation by local agencies' workers and foster parents in statewide training conducted in the regions would be optional. It would be provided by the department to provide more information about the disease and how to approach a discussion with youth in care to encourage prevention of the disease.

How cost was calculated

Costs are estimated **based on a day and half training program** for approximately 400 participants (total in all five regions), foster parents and local agency workers. The trainers would be Virginia Department of Health staff. Staff from the Medical College of Virginia, HIV/AIDS Center have offered to assist department staff in setting up the training model. Approximately $7,500 of the total training dollars would be used to secure a well-known speaker or advocate for HIV/AIDS to draw attention and interest in the training. Other costs include reimbursement to foster parents for travel, accommodations and meals.

APPENDICES

Appendix

A. House Joint Resolution 680

B. HIV/AIDS Education Information Packet**

C. Survey Instrument

D. Local Agency Plan and Reply Form for HIV/AIDS Education

**The information packet could not be bound with the study report because of its design. Instead, it is an enclosure to the report.

LD9253372

HOUSE JOINT RESOLUTION NO. 680

Offered January 26, 1993

Directing the Department of Social Services to develop certain AIDS/HIV education guidelines for use by local social services departments.

Patron—Van Yahres

Referred to the Committee on Health, Welfare and Institutions

WHEREAS, in the course of the work of the Joint Subcommittee Studying Acquired Immunodeficiency Syndrome, the Department of Social Services has provided periodic reviews of the impact of AIDS on the delivery of social services; and

WHEREAS, the Department has, since 1987, provided guidance and information to local departments as well as technical assistance and case consultations on policy issues related to serving persons with AIDS; and

WHEREAS, training has also been delivered to operators of homes for adults, adult day care, child care centers and other individuals, including OSHA bloodborne pathogen training; and

WHEREAS, the Department has identified outside resources, including the AIDS services organizations, from which technical assistance may be sought; created a mechanism to inform service/benefit applicants of Virginia's nondiscrimination policy; established a complaint/grievance process; and will continue to include in its strategic planning process evaluation of policies relating to services to HIV-infected persons; and

WHEREAS, in addition, HIV/AIDS prevention and treatment information is given to foster children age 16 and older pursuant to the Commonwealth's federal Child Welfare Plan related to the Independent Living Program which targets these adolescents; and

WHEREAS, AIDS prevention information provided through the Independent Living Program is, therefore, given exclusively to young people in foster care who are 16 or older; and

WHEREAS, however, every foster child has an individual service plan which identifies the child's medical, psychological and social needs; and

WHEREAS, AIDS awareness and prevention, is essential to the health and safety of every child in this Commonwealth; and

WHEREAS, it is possible, however, that some foster children may not receive such information because the transient nature of foster care may cause such children to move from one school division to another and, thereby, to miss any instruction that may be provided on HIV/AIDS prevention; and

WHEREAS, in view of the growing number of adolescents contracting HIV infection, the at-risk environments from which many foster children come, and the lack of any mandate for providing AIDS prevention information to foster children under the age of 16, the manner and kind of information on HIV which should be provided to every child in foster care must be examined; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Social Services be directed to develop AIDS/HIV education guidelines for use by local social services department for foster families with children under the age of 16 in their care. In developing these guidelines, the Department shall seek assistance from the Departments of Health and Education in order to ensure the design of medically accurate as well as age and developmentally appropriate materials. The Department shall also determine whether, upon development of these guidelines and, if necessary, approval by the Board of Social Services, local social services departments should be required to implement the guidelines. If mandatory implementation by local social services departments is determined to be appropriate, the Department shall recommend the means of establishing this mandate, e.g., through regulation or statute or both.

The Department shall provide the Joint Subcommittee Studying Acquired

Immunodeficiency Syndrome with reports of its progress in developing these materials as deemed appropriate.

By November 1, 1993, the Department shall develop the guidelines for HIV/AIDS education for foster families and social services personnel throughout the Commonwealth and shall provide budget estimates for any additional services or programs which may be required. The Department shall report its findings and recommendations to the Governor and the 1994 General Assembly in accordance with the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix A

Official Use By Clerks	
Agreed to By The House of Delegates	**Agreed to By The Senate**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
Clerk of the House of Delegates	Clerk of the Senate

APPENDIX B:

HIV/AIDS EDUCATION INFORMATION PACKET

(An enclosure to the report)

APPENDIX C:

SURVEY INSTRUMENT

HIV/AIDS FOSTER CARE EDUCATIONAL GUIDELINES SURVEY

Locality _____

Please check your status:

- ❑ Foster parent
- ❑ Local agency worker
- ❑ Local agency supervisor
- ❑ Other (Specify)_____

The work group for developing educational guidelines about AIDS prevention for foster families is thinking that the proposed guidelines should **at minimum** include distribution of a printed information packet on HIV/AIDS prevention to all foster parents.

1. *In your opinion, is there any reason the educational guidelines should not include distribution of a printed HIV/AIDS prevention information packet? (Circle one response.)*

YES. . . 1
NO . . . 2

IF YES:
1A. What is the reason?

While the specifics of a printed information packet may change over time, the work group is thinking of presenting the enclosed information packet **as an example** of the type of information that will be referred to in the guidelines.

2. *In your opinion, is there any reason the enclosed information packet should not be included as an example of the type of information referred to in the guidelines. (Circle one response.)*

YES . . . 1
NO . . . 2

IF YES:
2A. What is the reason?

While the enclosed information packet would only represent an example of the type of information packet referred to in the proposed guidelines, the guidelines would specify that, like the enclosed example, the proposed information packet should include:

- age-appropriate hand-outs for foster youth;
- factual questions and answers about HIV/AIDS prevention; and
- guidance for foster parents about how to talk with their foster children about AIDS prevention.

3. *In your opinion, is there any reason the proposed information packets should not include any of these topics. (Circle one response.)*

YES . . . 1
NO . . . 2

IF YES:
3A. What should not be included and why?

4. *Are there any other general topic areas that you feel should be included in a printed information packet about HIV/AIDS for foster families? (Circle one response.)*

YES . . . 1
NO . . . 2

IF YES:
4A. What topics are these?

The work group recognizes that printed materials are often not read, or not used properly. Therefore, it is considering recommending that the printed materials be distributed in conjunction with some type of in-person training.

5. *Do you think the printed information packets should be distributed in conjunction with some type of in-person training or do you think that a mass mailing is more appropriate? (Circle one response.)*

INFORMATION PACKETS SHOULD BE DISTRIBUTED...

...in conjunction with in-person training . .(Skip to Questions 5B & 5C) . 1

...through a mass mailing. . . . . (Go to Question 5A) 2

5A. *Do you think this should be a mailing from ... (Circle all that you think are appropriate.)*

...the state to all foster home. 1
...local social service agencies to all foster homes. 2

5B. *Which, if any, of the following types of in-person training do you think would be appropriate? (Circle all that you think are appropriate.)*

*Train foster care workers to give **one-on-one** training about HIV/AIDS prevention to foster families in their homes 1*

Have local social service agencies sponsor group training for local foster families, relying on training resources in the area 2

Using professional HIV/AIDS education trainers...
...provide training for trainers to train groups in...
local areas 3
regional areas. 4

...develop a video training session that complements the information packets and can be shown in...
regional group meetings. . . 5
local group meetings 6
foster homes 7

...conduct training sessions for foster families in ...
regional group meetings . . 8
local group meetings 9

5C. ***Please use the back of this page to specify any other pros and cons you might have about a possible training method, format, timing of training, or length of training.***

The work group is also thinking of proposing that the guidelines include a mechanism for tracking to ensure that all foster families receive the HIV/AIDS information.

6. *Do you think that the guidelines should include a mechanism for tracking to ensure that all foster families receive information on HIV/AIDS prevention? (Circle one response.)*

YES . . . 1
NO . . . 2

IF NO:
6A. Why not?

A tracking mechanism could also be expanded to include an opportunity for foster families to ask social workers questions related to the materials.

7. *Do you think that the guidelines should include an opportunity for foster families to ask further questions about HIV/AIDS prevention? (Circle one response.)*

YES . . . 1
NO . . . 2

IF YES:
7A. Should this be done through a training session, by the social service worker, by someone knowledgeable about HIV/AIDS? (Circle all that apply.)

Foster care worker 1
Professional HIV/AIDS educator. 2

7B. What are some of the other possible feedback mechanisms?

In addition to establishing educational guidelines about HIV/AIDS prevention for foster families, the work group also needs to recommend whether all or any part of these guidelines should be optional or mandatory.

8. Do you think that all of the whole package of guidelines for HIV/AIDS prevention education for foster families should be mandatory? (Circle one response.)

YES 1
NO. 2

IF NO:

8A. If the educational guidelines included the features listed below, please circle below which, if any of the following aspects of the guidelines you think should be mandatory for local social service agencies to implement? (Circle one response for each item.)

ITEM 1	*Distribution of a printed information packet to all foster care families.*	*Mandatory*	*Optional*
ITEM 2	*Follow-up by local social service workers to ascertain that the family received the materials;*	*Mandatory*	*Optional*
ITEM 3	*Follow-up by local social service workers to see if the foster families had any questions related to the materials.*	*Mandatory*	*Optional*
ITEM 4	*In-person training related to the materials.*	*Mandatory*	*Optional*

IF ANY FEATURE SHOULD NOT BE MANDATORY:

8A. Please specify which item should not be mandatory and give your reasons.

While House Joint Resolution No. 680 focuses specifically on foster families with children under 16, feedback from foster families and workers suggests that there are other groups that may benefit from HIV/AIDS prevention information.

9. *Do you think these information packets should be made available for local social service workers and/or birth parents of children in foster care?*

YES, social service workers. 1
YES, foster care birth parents 2
YES, both 3
NO 4

IF NO:
9A. Why not?

It has also been suggested that the scope of this legislation does not cover other issues related to HIV/AIDS that are of paramount interest to foster care workers.

10. *What other topics do you think should be covered by an information packet and/or possible training sessions?*

Please return the survey by August 12, 1993 to:

Carol Baron
Management Analyst Supervisor
Virginia Department of Social Services
Theater Row Building, 8th Floor
730 East Broad Street
Richmond, Virginia 23219-1849

APPENDIX D:

LOCAL AGENCY PLAN AND REPLY FORM

FOR

HIV/AIDS EDUCATION FOR FOSTER PARENTS AND THE YOUTH IN THEIR CARE

Name of Agency_____ **Region**_____

Agency Director_____ **FIPS No**_____

Contact Person for Follow-up on Plan _____

Title/Position_____ **Phone No.**_____

No. of Youth in Care_____ **No. of Foster Family Homes**_____

FOLLOWING IS OUR AGENCY'S PLAN TO IMPLEMENT THE HIV/AIDS EDUCATION GUIDELINES developed by the Department of Social Services. The guidelines and HIV/AIDS Education Information packet were developed by the department in response to House Joint Resolution 680 passed by the 1993 General Assembly.

THE AGENCY'S PLAN

[Instructions: Check all that apply to the ways your agency will seek to implement the legislative directive. What you check [✓] defines your plan.]

☐ 1. **Minimum**: Our agency will distribute an information packet to each foster parent providing care for youth in the custody of the agency instructing them to talk to youth in their care.

☐ This plan will include a **tracking system** that will enable the agency to document that information was shared with foster youth.

Describe here how the agency will disseminate the information_____

_____

☐ 2. Our agency will add to Option 1, distribution of the education packets, **Optional Training**. We will offer training to foster parents about how to talk with youth HIV/AIDS and its prevention. This training will be a part of our

☐ (✓) check box if this applies) **Pre-service Training**, that occurs before a child/youth is placed in the foster family home or,

☐ (✓) check box if this applies) **In-service Training**, that occurs after the child/youth is placed.

☐ Our agency <u>does not have</u> an established pre-service or in-service training for foster parents. We will implement a training program for HIV/AIDS prevention following these suggestions:

A. Work together with several agencies to provide training.

B. Use community resource people to lead the training or to assist the agency in preparing the training. This may include physicians, staff from local health departments, state health department personnel, Foster and Adoptive Care Training System (FACTS) regional training coordinators and foster/adoptive parents who have experience working with children with HIV/AIDS.

C. Provide training in groups that consist of

---Foster/Adoptive parents,
---Social workers,
---Children/Youth in foster care,
---Birth parents of youth in foster care, or
---Any combination of the above.

D. Use a one-on-one training method that involves the foster parent, the social worker and a designated resource person.

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☐ Our agency <u>does not have</u> an established pre-service or in-service training for foster parents. We will implement a training program for HIV/AIDS prevention following these suggestions:

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C. Provide training in groups that consist of

---Foster/Adoptive parents,
---Social workers,
---Children/Youth in foster care,
---Birth parents of youth in foster care, or
---Any combination of the above.

D. Use a one-on-one training method that involves the foster parent, the social worker and a designated resource person.